
Accreditation Report – Dakota Pride

Date of Review: October 6, 2020

Overall Score: 83.2%

REVIEW PROCESS:

Dakota Pride was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on October 6, 2020. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Dakota Pride is an Inpatient Medically Monitored Substance Use Disorder agency located Sisseton, S.D. The agency is seeking to renew accreditation for substance use disorder services (SUD). The agency currently has twelve adult beds available for inpatient treatment; however, they are looking to expand services in the next five years. According to the Director of the agency they are currently completing a research study to determine the needs for number of beds the agency will expand to. Dakota Pride currently employs twelve staff and has one vacancy for a nurse. The agency is committed to providing culturally relevant services to their clients. Dakota Pride partners with several other community agencies and providers in order to ensure best care and needs met for their clients.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Accreditation and Licensure completes confidential interviews with consenting clients and staff of

the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review; however, the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with agency staff and no concerns were noted. The agency was unable to provide a client for interview at the time of the accreditation review.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review; however, the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Dakotah Pride had had four total responses from stakeholders and no concerns were noted.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to 67:61:07:05, an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record shall include required components.

The integrated assessments were consistently completed within 30 days of intake for six out of six files that were reviewed. All client charts reviewed contained all the required components.

2. According to 67:61:07:10, a transfer or discharge summary is completed by an addiction counselor or counselor trainee within five working days after the client is discharged regardless of the reason for discharge.

All discharges were completed within the five-day requirement for six of the six client charts reviewed.

3. According to 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to medically monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record.

All treatment plans were detailed and individualized for six of six client charts reviewed.

AREAS OF RECOMENDATION:

Description: The following policies, practices or procedures were identified as areas that the agency is recommended to review and correct. The policies, practices, or procedures identified met minimum standards which would not require a plan of correction at this time. However, they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:07:08. all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems.

The following information was missing from two of the six client charts that were reviewed: a brief assessment of the client's functioning and a brief description of what the client and provider

plan to work on during the next session, including work that may occur between sessions, if applicable.

2. According to ARSD 67:61:06:04, each agency shall have written grievance policies and procedures for hearing, considering, and responding to client grievances. The procedure shall include the ability to appeal the agency's decision regarding ineligibility or termination of series to the division in 67:61:06:05. The form shall include the telephone number and address of the division.

The grievance form did not include the division address and phone number.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address non-compliance with the administrative rule identified. The plan shall include the corrective action taken or plan to correct, a time frame for implementation, supporting evidence, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:18:02, vital signs shall be completed on the client at the time of admission and within eight hours after admission a medical evaluation and second set of vital signs should be conducted by an RN or LPN. The results of this medical evaluation and vital signs shall be documented in the client chart and provided to the program physician for the purpose of determining whether the client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record.

Two out of six charts were missing documented vital signs at the time of admission.

2. According to ARSD 67:61:05:05 The orientation for all employee will be completed and documented within 10 working days and placed in their file.

Three out of four files personnel files did not have a sign-off form that included the required orientation information or was not completed within ten days of hire.

3. According to 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care every 14 calendar days for medically monitored intensive inpatient treatment; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record.

Five out of six client charts did not have a continued service review completed every 14 calendar days. Three out of six client charts were missing the progress and reasons for retaining the client at the present level of care as well as an individualized plan of action to address the reasons for retaining the individual in the present level of care.

4. According to 67:61:05:01, each new staff member shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.

Four out of four personnel files did not have TB tests completed within 14 days of hire or documentation of a prior TB test completed within the last 12-month period before date of employment.

5. According to 67:61:05:12, the agency shall routinely check the Medicaid Exclusion List for Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

Four out of four personnel files did not contain documentation that the Medicaid Exclusion list had been checked upon hire. However, the agency did have two routine checks completed within two out of four personnel files.

6. According to 67:61:07:08. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder. A progress note must be included in the file for each billable service provided.

*Six out of Six charts were missing the below components to substantiate **all** billable services. All services provided must be able to prove the group was therapeutic and ties in with their treatment plan.*

- (4) A brief assessment of the client's functioning;
- (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
- (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable

7. According to 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment within 24 hours of admission.

Two out of six TB screenings were not completed within 24 hours of the onset of services.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Dakota Pride was last reviewed by the Department of Social Services in October 2017. The 2017 review identified five areas of recommendations and eight areas requiring a plan of correction. Dakota Pride resolved four out of the five areas of prior recommendations and seven out of eight prior areas requiring a plan of correction.

1. According to ARSD 67:61:18:02, a client shall have a complete blood count and urinalysis within 72 hours after admission.

Three out of six charts did not have documentation of a urinalyses and complete blood count completed within 72 hours of admission.

ACCREDITATION RESULTS:

Administrative Review Score: 95.1%

Combined Client Chart Review Score: 79.7%

Cumulative Score: 83.2%

	Three Year Accreditation (90%-100%)
X	Two Year Accreditation (70%-89%)
	Probation (69% and below)